



Risk Management

www.scsk12.org/riskmanagement/

Athletics



Student Accident Reports

- Complete **FOR ALL INJURIES** & give to office

Athletic Claim Forms

- Secondary insurance that covers co-pays/deductibles – acts as primary if student athlete does not have medical insurance
- Bollinger Form – front & back on website
- Coach completes top of form
- Parents complete bottom of form
- Parents submit form to Bollinger – **do not let them give the form back to you** – if they have questions they should contact Risk Management

Transporting Students

- Approved Charter Bus list online
- Guidelines for transporting students online
- Cannot use 15 passenger vans
- Students cannot transport other students
- Parents transporting students that are not their child – verify they have valid driver's licenses, up to date insurance & permission slips
- Caravans should leave from the school and then return to the school together – one coach or chaperone should be in the front & one in the back
- Coaches transporting students need to be aware that they do so at their own risk – check their limits for medical payments



Athletics

Consent Forms & Physical

- Must have signed consent form from parent/legal guardian **prior to student try-outs**

Out-of-town Field Trips

- Proper supervision at all times, including any after game activities such as: shopping, dining out, etc. Do not let students go out by themselves.
- Overnight stays – make sure you are in close proximity of the students & provide specific guidelines with your expectations.
 - If a serious injury or property damage occurs contact Risk Management as soon as practical, prior to your departure.
- Unexpected Student Athlete Illness – make sure you have enough chaperones that would allow for at least one to remain behind should an athlete become ill; **at no time should a student be left unsupervised.**

**Required Training Completed & Current (CPR, Concussion, etc.) –
If not completed THEY SHOULD NOT COACH!!!**

Student Accident Report



Shelby County Schools Student/Visitor Incident Report Form

In the event that a student or visitor is injured while on school and/or SCS property, this form should be completed and submitted to the main office for entry into the online Student or Visitor Incident Reporting system.

Accident reports should be as detailed as possible. If a student or visitor is injured due to a health or safety issue, details regarding the hazard **MUST** be included. It is Risk Management's goal to correct any health or safety hazards as quickly as possible to avoid future accidents, thereby providing a safe learning & work environment.

Student or Visitor? ☐ Student ☐ Visitor

School/Location Name: _____

Date of Report: _____ Date of Incident: _____ Time of Incident: _____

Student Name: _____ Student SSN: _____

Gender: Select Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Emergency Contact Number: _____

Location Where Incident Occurred: Select

Injury or Illness? ☐ Injury ☐ Illness

Body Part(s) Injured: _____ Injury Type(s): _____ Illness: _____

Give a clear description of the incident and how it occurred: _____

Witness Information – Name/Contact Number (leave blank if no witness): _____

Check Appropriate Action Required:

☐ No Treatment Needed
☐ First Aid
☐ Primary Care Doctor
☐ Ambulance Required
☐ Emergency Room (parent/guardian transport)

Parent/Guardian Contacted: ☐ Yes ☐ No

Response of Parent/Guardian: _____

Did this incident occur during athletic sports? ☐ Yes ☐ No

If Yes, please select the sport: Select

Report Prepared by: _____

Reporting Location
Comments: _____

TEACHERS: This form should be submitted to the main office for entry into the online Student or Visitor Incident Reporting System.

Available on Risk Management's website:
<http://www.scsk12.org/riskmanagement/>

Athletic Insurance Claim Form

**-PLEASE READ INSTRUCTIONS
ON REVERSE SIDE
BEFORE COMPLETING-**

**SEND ALL FORMS TO
CLAIMS ADMINISTRATOR:
BOLLINGER INC.
P.O. Box 1348
Morristown, NJ 07962**

1. School District or Division: Shelby County Board of Education		2. School: Within District or Parish Child Attends:		3. Student Policy No.: TN01	
4. Claimant's Last Name:		5. Date of Birth:		6. <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Telephone:					
8. Home Address:		9. City/State/Zip Code:			
10. E-mail address of Parent or Guardian:					

11. Check activity in which student was involved when injured:

A. ☐ Interscholastic Sports

B. ☐ Cheerleading ☐ Training or Flagging ☐ Band Member ☐ Name of Sport:

OR:

01 ☐ Physical Ed. Class: 04 ☐ To and From School 07 ☐ Extra Cur. Activity Off Premises

02 ☐ Classroom or Hallway 05 ☐ Group Travel 08 ☐ Extra Cur. Activity Off Premises

03 ☐ Playground (Not Phys. Ed.) 06 ☐ Non School Activity (Off Hr. Plan) 09 ☐ Spectator

Was School in Session? YES ☐ NO ☐ Starting Time: _____ Dismissal Time: _____

12. Date of Accident:	13. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	14. How Did Accident Occur?
15. Where Did Accident Occur?		16. Part of Body Injured:

17. I certify that the activity checked above is school sponsored and supervised and is covered under a policy applied for and purchased by the policyholder.

Signature of School Official: _____ Title: _____ Date: _____

AUTHORIZATIONS AND STATEMENT OF OTHER INSURANCE MUST BE COMPLETED BY PARENT OR GUARDIAN

MEDICAL AUTHORIZATION: I authorize the release of any medical or other information necessary to process this claim, including all data covering this and/or previous confinements and/or disabilities.		PAYMENT AUTHORIZATION: I authorize payment of medical benefits directly to the providers rendering services.	
SIGNED: _____	DATE: _____	SIGNED: _____	DATE: _____

1. Father's Name:	2. Name and Address of His Employer:
3. Mother's Name:	4. Name and Address of Her Employer:

5. ☐ No, we do not have any personal or group medical insurance. I have enclosed a letter from my employer verifying this.

6. ☐ Yes, we do have other insurance. (Please complete #7)

7. Names of other Insurance Companies	Address

8. ☐ I have no other insurance. We are (please check one): ☐ Self-employed ☐ Unemployed ☐ Disabled

I hereby certify, swear and affirm that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me in an attempt to collect benefits under this policy constitutes fraud and is punishable by law.

Parent or Guardian's Signature: _____ Date: _____

CLF-FX-15

■ 4 page document-including Parents' Instructions

■ Available on Risk Management's website:
<http://www.scsk12.org/riskmanagement/>

■ Available on SCIAA website:
<http://media.digitalsports.com/102684/files/2016/06/Athletic-Insurance-Claims-Form-New.pdf>

Athletic Health Record & Consent Form

Athlete's Health Records

Pre-participation Physical Exam

The Shelby County Board of Education requires every student participating in sports to receive a pre-participation physical exam, including a general exam and an orthopedic exam, before being allowed to participate in Shelby County Schools sports programs. The general exam should include checks on the student's height, weight, blood pressure, pulse, respiratory health, vision, ears, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion, and re-examination of past bone and joint injuries.

After completing a pre-activity physical evaluation on _____

my recommendations are as follows: **Athletic participation approved:** ☐ Yes ☐ No

Limitations and Special Instructions to the Coach: _____

Physician's Name _____	Date _____
Address _____	Phone _____
Physician's Signature _____	

Emergency Information

Student's Name _____ Grade _____ Date of Birth _____

Home Address _____

Phone _____

Parent or Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

Emergency Contact's Name _____ Home Phone _____

Address _____ Work Phone _____

Relationship to Athlete _____

Insurance Company _____ Policy # _____

Physician's Name _____ Phone _____

Are you allergic to any drugs? _____ If so, what? _____

Do you have any allergies? (i.e. bee sting, dust) _____

Do you suffer from: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Heart Condition(s) ☐ Sickle Cell Trait

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____ Other illness: _____

Informed Consent and Assumption of Risk Form

NOTE: This form must be completed by all students, regardless of grade, intending to participate in any sport. All minor students must sign and have a parent or legal guardian also sign. All forms are to be completed and returned to the appropriate sport representative prior to tryout. Failure of a school to provide a duly executed form will cause the student-athlete to be declared ineligible.

The undersigned, being an adult prospective student-athlete (sometimes referred to herein as "student") or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledges that said student-athlete seeks to participate in a student sports program during the _____ academic school year. The undersigned specifically asserts that the student will comply with all rules and regulations, that s/he is aware that athletic participation requires physical fitness, that the student possesses such fitness, and that some risk of serious injury and even death is involved in sports participation. The undersigned hereby authorizes the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student to the above-selected association for the purpose of rule and regulations enforcement. I further authorize the school (or its designee) to provide and perform emergency treatment of any injury or illness the student-athlete may experience if qualified medical personnel consider treatment necessary. I understand that authorization is granted only if I cannot be reached, or the undersigned is under an immediate and imminent threat of permanent debilitation or death.

By providing my initials here, the undersigned acknowledges that s/he has read and understands the following **WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

(Initials Here)

The undersigned further acknowledges that s/he is aware that participating in sports is a potentially hazardous activity, and that s/he, therefore, assumes all risks associated with participation in the sport in which s/he has selected to participate, including, but not limited to falls, physical and potentially injurious or fatal contact with other participants, the effects that weather may have on the playing conditions of the sport, traffic, and other reasonable risk conditions associated with the sport. The undersigned acknowledges, appreciates and understands all such risks, and agrees to the conditions set forth in this form.

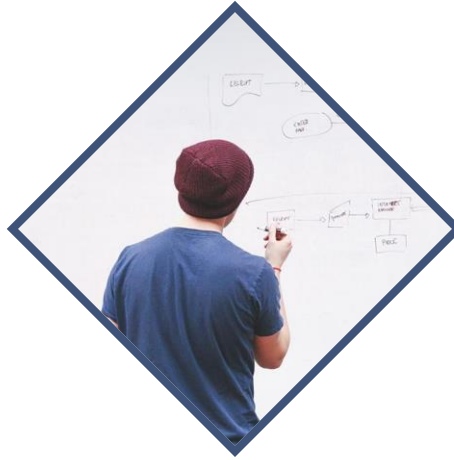
Student's Signature _____	Date _____
Parent's Signature _____	Date _____

(If student is under the age of 18)

■ Both pages must be completed and SIGNED

■ Available on SCIAA website:

<http://media.digitalsports.com/102684/files/2018/07/2018-SCS-Complete-Athletic-Physical-Forms-Packet.pdf>



Thank You!

Jeri L. Rudolph, Risk Advisor - Risk Liability and Student Accidents

Division of Risk Management

901.416.1993 – office

901.416.1483 – fax



Volunteer Process



www.scsface.org

Become a New Volunteer

Go to www.scsface.org



Click on the Volunteer Tab at the top of the main page



Click on Level 3 Unmonitored Volunteers Box



Complete the steps



Get Fingerprinted at the Board of Education



Expect a phone call or email within 7-10 business days.

Become a Returning Volunteer

Go to www.scsface.org



Click on the Volunteer Tab at the top of the main page



Click on Level 3 Unmonitored Volunteers Box



Scroll down to Level 3 Renewal



Complete the steps



Expect a phone call or email within 5-7 business days.



https://volunteerinfo.scsk12.org

Please enter your username and password

[Log In](#)

User Name:

Password:

Login



Volunteer Registration System
School Year: 2017 - 2018
Welcome: Ubaldo , Yesenia - School

[Exit](#)

Application Search

Volunteer Search

[Manual](#)

Application Search:

Loc: Status: Volunteer_Level: Backgrd_Level:
 SSN: First_Name: Last_Name: Rpt_Id: Date_Received_From: Date_Received_End:
 App:

(Click Column header for sorting)

ID	First Name	Last Name	Date Received	App Status	App Status Date	Volunteer Level	Loc Code	Location	Backgrd Level	Other Location
91379	Hannah	Kirkland	05/30/2018	Approved	06/01/2018	Level 3	2025	Avon Lenox School	Fingerprint Check	
91378	Candace	Davenport	05/30/2018	Pending		Level 3	2780	White Station High School		
91377	Rachon	Johnson	05/25/2018	Pending		Level 3	2670	Sherwood Middle School		
91376	Maurice	Ballentine	05/22/2018	Approved	05/30/2018	Level 3	1001	Various	Fingerprint Check	
91375	RONNIE	BOWEN JR.	05/21/2018	Approved	05/29/2018	Level 3	2625	Riverview Middle School	Already Approved	
91374	Jacqueline	Hudson	05/21/2018	Approved	05/31/2018	Level 2	2100	Cherokee Elementary	Full	
91373	Gerald	Jenkins	05/21/2018	Approved	06/01/2018	Level 2	2100	Cherokee Elementary	Full	
91372	JENNIFER	HARPER	05/21/2018	Approved	05/31/2018	Level 2	2600	Richland Elementary	Full	
91371	Ashley	Bell	05/21/2018	Approved	05/31/2018	Level 2	2600	Richland Elementary	Full	
91370	Terran	Alexander	05/18/2018	Approved	05/31/2018	Level 2	2100	Cherokee Elementary	Full	

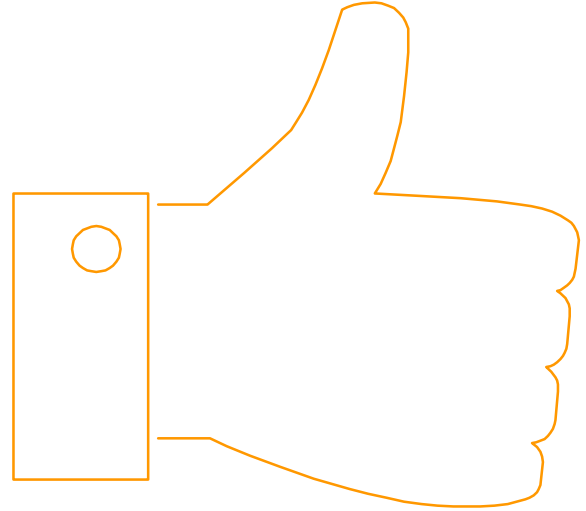
1 2 3 4 5 6 7 8 9 10 ...

Background Check Results

- **Approved**
- **Denied**
- **Declined**
- **Pending**
- **Special Approved**
- **Under Review**

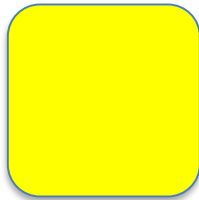
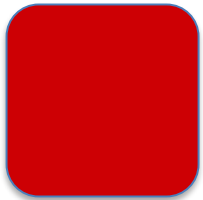


Test your knowledge





SCS Volunteer Badges:



ID Badge for Volunteers

Only approved volunteers receive ID badges.

Office of FACE provides two ID badges per sport

Additional ID badges can be provided for \$10 (cash)

ID badges should be updated every school year

ID Badge for Volunteers

How do
volunteer
coaches receive
ID badges?



Contact Info

Sara AlWafai
Community Engagement Specialist

alwafaisn@scsk12.org

Office:(901)416-7600

Direct:(901)416-6894



Q&A



Security



Compensation





FS & AD Conference

August 1, 2018

Elizabeth Phalen, Chief of Business Operations



The Procurement & Contract Process

Toni Jones-Senior Buyer

Deanna Smith-Finch- Contracts Manager

Procurement Services

July 19, 2018



Agenda

- 1. Procurement Department's Role**
- 2. Policy Overview**
- 3. Procurement Department**
Procurement Requirements,
Processes, APECS
- 4. Procurement Resources**
Training, Website & Contact
Info
- 5. Contracts Management**
Contract Request Process





Procurement Department's Role-What We Do

- Use best practices to source and procure materials, equipment and services in accordance with state and federal laws and regulations
- Manage bid and procurement activities for goods and services for all commodities
- Consult with departments on sourcing strategies, supplier outreach and procurement process
- Ensure procurement and bidding compliance





IMPORTANT POLICIES



1. POLICY 2006 Purchasing Authority
2. POLICY 2012 Contract Requirements
3. POLICY 2013 Professional Services
4. POLICY 3013 Inventory Management –Asset Management
5. T.C.A 49-2-203 Education Local Administration Board of Education Duties and Powers
6. 2 CFR 200.318-326 Uniform and General Guidance Standards



IMPORTANT POLICIES



POLICY 4002 Staff Ethics

Each employee serves as a representative of the District and should strive to maintain standards of ethical behavior which will not detract from the educational process.



IMPORTANT POLICIES

POLICY 4003 Conflict of Interest

Employees of Shelby County Schools shall conduct their associations with organizations and individuals both inside and outside the school district in a manner demonstrating the highest degree of integrity.







STATUTORY BIDDING REQUIREMENTS

- All purchases over \$500 must be made by a valid SCS purchase order.
- Purchases with total amounts ranging from \$3,500-\$9,999.99 may be made in the open market, but shall, whenever possible, be based upon at least three (3) competitive quotes.
- Purchases totaling \$10,000 or more must be competitively bid.
- Bids or RFPs totaling \$100,000 or more must be presented for the approval of the SCBE Board Members.



Procurement Websites

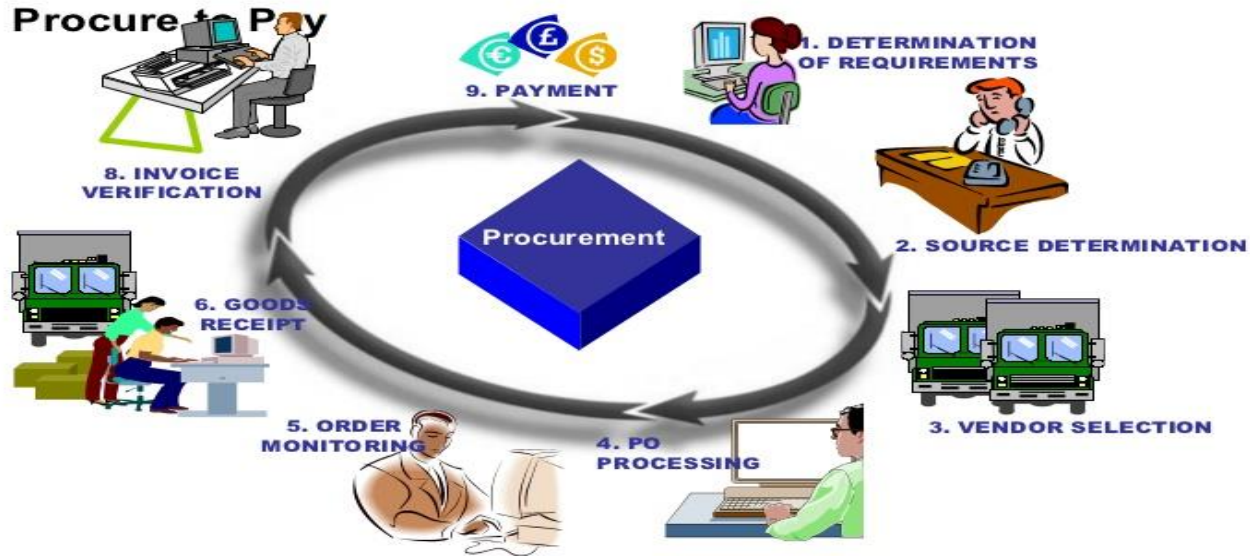
The screenshot shows a web browser window with the address bar displaying `www.scsk12.org/procurement/index`. The website header is red with the **Shelby County Schools** logo and name. Below the header is a dark navigation bar with links for **HOME**, **SCHOOLS**, and **STUDENTS & P**. A search bar on the right contains the text "Search SCS". A left sidebar menu lists various links, including "Home", "RFPs", "Tabulations", "Awards", "Doing Business with SCS", "Terms and Conditions of POs", "Manager and Employee Resources", "Pricing Catalogs", "Purchase Order Exemption List", and "Staff". A large white box with the text "Use Chrome" is overlaid in the center. Below the menu, the "CONTACT INFO" section provides the address "160 South Hollywood Street, C-126 Memphis, TN 38112", phone number "901-416-5376", fax number "901-416-5325", and email "ProcurementServices@scsk12.org". The footer includes a breadcrumb trail "BUSINESS OPERATIONS / PROCUREMENT /" and the heading "PROCUREMENT SERVICES".

Use Chrome

CONTACT INFO
160 South Hollywood Street, C-126 Memphis, TN 38112
Phone: 901-416-5376
Fax: 901-416-5325
✉ ProcurementServices@scsk12.org

PROCUREMENT SERVICES

The Procurement Cycle





APECS Requisitions



Entering a Purchase Requisition is the first step.

- Enter requisition into APECS to initiate a purchase or bid process, or to request a contract (when applicable)
 - Add internal comments & attachments to help reviewers and Buyer understand your request.
- If your supplier is not already listed in APECS, have supplier complete a Vendor Registration Form.
- Purchases of \$10,000 or more must be bid out unless they qualify as a sole source or emergency purchase, or we can obtain the goods/services through an existing contract.
 - Attach Sole Source Letter or Emergency Purchase justification information to your requisition.
- Track the approval status of your requisition to ensure that it gets turned into a Purchase Order.



Points to Remember

- Receive your **Regular** PO in APECS in Post Receiving so Accounts Payable will be able to pay the invoices.
- Blanket POs are not received on APECS
- Any and all modifications require a PO Change Request form with supporting documentation.
- Access, routing and changes to approval routing requires APECS Change form
- All invoices should be signed and sent to Accounts Payable
- All questions concerning money please contact Budget or Accounts Payable 901.416.5407



How to Create a Requisition



- Verify the vendor is in APECS database
- Verify shipping charges, contract number or if needed, current pricing for items
- Request a quote and attach to requisition
- Verify the account code has funds available
- Include your phone number and email address in the notes to vendor and dates available to deliver
- Copy and paste from catalog or quote and include complete item description and number
- Include justification for Fund 12/Title 1 in Internal Notes
- Approved transportation vendors on Risk Management site ~only use approved vendors



PO CHANGE ORDER REQUEST



- Any and every time a modification is needed for a PO, a PO Change Request form is required

Example

- ✓ Price increase request shall include old and new price quote
- Be specific and complete on what needs to be changed or modified
- Make sure the document has been signed by required approvers before document is submitted



IMPORTANT POINTS TO REMEMBER

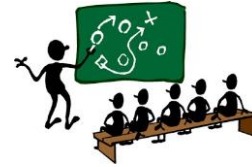
- Forecast and plan for the school year before the start of school
- Secure funding in advance of submitting a requisition
- Verify shipping requirements for non-contracted vendors and include a line on the requisition.
- Plan your field trip early (requisition is required)
- Enter requisition prior to submitting a contract request
- Submit requests with the correct commodity code to prevent delays in processing your order
- Board request shall be submitted through the BAR
- Contract request shall be submitted using Contract Advantage
- Orders for computer hardware, software shall be approved through the IT department





Coaches

- Doing Business with SCS link
<http://www.scsk12.org/procurement/db?PID=282>
- EIN is required; go to IRS.gov to complete the process
- Any updates to your information on our database please submit a request through procurementservices@scsk12.org
- Prepare for fall football in spring and spring baseball in fall
- It's easier to cancel a hotel reservation than to try to find one in a few days if your team goes to finals
- When requesting equipment, request a complete quote and work directly with the clerical; complete the Requisition Request form if applicable





PITFALLS TO AVOID



Splitting an order to avoid the use of the bidding or other procurement procedures.

- Engaging a supplier to perform services or deliver goods without a purchase order or contract issued by the Procurement Office will result in a non-compliance letter.
- Submitting a suppliers proposal to Procurement as the scope of work when developing a solicitation.
- Signing a contract above the approved limited.
- SCS Tax Identification is only for Shelby County Schools.
- SCS shall completed, sign and submit W-9 for an official.



HELPFUL CONTACT NUMBERS

- **Procurement Services** email procurementservices@scsk12.org
- **Fingerprinting** 901.416.5388 make appointment after you have your ID
- **Contracts** ~ needed if you provide a service on site and other instances ~ refer to Contract Services or General Counsel on our site directory for information
- **Accounts Payable:** ***PLEASE*** send invoices to apd@scsk12.org and for billing concerns and payment status 901.416.5407
- **Risk Management:** <http://www.scsk12.org/riskmanagement/> link for approved transportation vendors and more





HELPFUL LINKS



Doing Business with SCS

<http://www.scsk12.org/procurement/db?PID=282>

- PO Change Request Form

<http://www.scsk12.org/procurement/uploads/resources/2015/POCR%20FY17%20Final%208%2011%2016.pdf>

Pricing Catalog

<http://www.scsk12.org/procurement/pricing?PID=276>

- Managers and Employees Resources

<http://www.scsk12.org/procurement/resources?PID=596>

- Contract Information <http://www.scsk12.org/contracts/> link and you'll find under Managers and Employees Resources and on the Site Directory



Procurement Resources & Contact Info

Main Phone: 416-5376

Email:

Name	Title	Phone Number
Brenda Allen	Director-Procurement	416-5380
Isaac Garrett	Asset Manager	416-5497
Latanya Bradford	Data	416-3562
Sondra King	Fixed Asset Associate	416-2332
Andre Z. Woods	Buyer	416-5414
Wanda Albright	Senior Buyer	416-5451
Toni Jones	Senior Buyer	416-5355
Faith Mungah	Senior Buyer	416-5646
Victoria Locklyn	Senior Buyer-CNC	416-5401
Kevin Temples	Buyer-CNC	416-2372
William Webb	Construction Spourcing Manager	416-0491
Deanna Smith Finch	Contracts Manager	416-8232
Tamaca Morris-Brown	Contracts Advisor	416-2321
Marcus Pearson	Contrats Advisor	416-1163
Nichole Halmon	Administrative Assistant	416-5420
Deborah Aleman	Vendor Assistant	416-5621



Questions



Break Time

Break Out Sessions will start at 10:30

- Financial Secretaries Info Session-Gym
- Athletic Directors Professional Development-Auditorium